	PAIENIA	Effect		121°	$1/\epsilon$	65H	5						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19				ſ	RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		· 0			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=			OR	· X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				İ	+135	_		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			OR	TOTAL	
CLAIMS AS AMENDED - PART II										-	1	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMAI	LL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	<u> </u>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	l
AME	Independent	*	Minus	***	T 01 4:2:	=		X40=	<u> </u>		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135	=		OR	+270=	
BEST AVAILABLE COPY								TOT ADDIT. F			OR	TOTAL ADDIT. FEE	-
		(Column 1)		(Colu	<u>mn 2)</u>	(Column 3)	. ′	ווטער. ר'	L		• '		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	= [OR	X\$18=	
	Independent	*	Minus	***		=		X40=	_		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	'ENDEN'	CLAIM		!	+135			OR	+270=	
							Ĺ	TO1				TOTAL	
	· · · · · · · · · · · · · · · · · · ·							ADDIT. F		•	OR	ADDIT. FEE	
		(Column 1) CLAIMS	1.5		mn 2) HEST	(Column 3)) _r		_	400:	\		4001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	<u> </u>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9:	=		OR	X\$18=	- .
	Independent	•	Minus	***		<u> </u>	 	X40=	_		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						J		-		ĺ	070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
	The "Highest Nur	nhar Proviously Da	aid For (Total o	r Indonon	dont) is th	e highest numbe	er foi	ind in the	a ann	ropriate ho	x in co	lumn 1.	

Application or Docket Number